## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

)

| REQUEST FOR PATENT FEE REFUND                          |  |  |         |                |  |
|--|--|--|---------|----------------|--|
| 1 Date of Request: 6-24-05 2 Serial/Patent # 10/5222/3 |  |  |         |                |  |
| 3 Please refund the following fee(s):                  | 4 PAPER 5 DATE NUMBER FILED  |  |         | 6 AMOUNT       |  |
| Filing   | ·  |  |         | \$             |  |
| Amendment  |  |  |         | \$             |  |
| Extension of Time                                      |  |  |         | \$             |  |
| Notice of Appeal/Appeal                                |  |  |         | \$             |  |
| Petition   |  |  |         | \$             |  |
| Issue  |  |  |         | \$             |  |
| Cert of Correction/Terminal Disc.                      |  |  |         | \$             |  |
| Maintenance  |  |  |         | \$             |  |
| Assignment   |  |  |         | \$             |  |
| Other  |  |  | 1-25-05 | \$ 100.00      |  |
|  | 7 TOTAL AMOUNT<br>OF REFUND<br>8 TO BE REFUNDED E  |  |         | \$100.00       |  |
|  |  |  |         | Y:             |  |
| 10 REASON:   | Treasury Check   |  |         | neck           |  |
| Overpayment  | √ Credit Der   |  |         | osit A/C #:    |  |
| Duplicate Payment                                      | , 08 3   |  |         | 040            |  |
| No Fee Due (Explanation):                              |  |  |         |                |  |
| Fee Corle Correction                                   |  |  |         |                |  |
|  |  |  |         |                |  |
|  |  |  |         |                |  |
| 11 REFUND REQUESTED BY:                                |  |  |         |                |  |
| TYPED/PRINTED NAME: BAC                                | TITLE:   |  |         |                |  |
| signature: BC  | Repln Ref: 06/24/2005 BCAMPBEL 0013012700<br>DAH: BHONE Hame/Number:16522273<br>FC: 9204 |  |         |                |  |
| OFFICE: PCT/DO/EO \$100.00 CR                          |  |  |         |                |  |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:              |  |  |         |                |  |
| APPROVED:  | /ED: DATE:   |  |         |                |  |
|  |  |  |         | _ <del>_</del> |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B